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ABSTRACT

This manual, developed for the nursing home employee, examines the concept of quality assurance in nursing homes, describes the benefits of an effective quality assurance program, and provides guidelines to aid nursing homes in developing an appropriate quality assurance program. After a brief introduction, a working definition of quality assurance is provided, and the four steps in the quality assurance cycle are delineated: identifying needs, planning, implementing changes, and evaluation of results. The next chapter discuss the quality of life mission of nursing homes; this is followed by guidelines for administrators and supervisors in dealing with staff. The next three chapters provide specific suggestions for quality assurance in various aspects of nursing home management: building a positive community image, addressing the needs of families, and improving the nursing home environment. Costs of quality assurance are next considered, and two types of quality assurance program--informal and formal--are described and compared. The manual concludes with guidelines for developing such a program, and sample documentation is appended, along with a list of references. (TE)

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Quality Assurance in Nursing Homes

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Dedicated to all the residents
in Long Term Care Facilities
in Illinois

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Preface

There are 957 nursing homes in Illinois. The variations among the homes are as great as the people who live and work in them. Each facility reflects a unique blend of residents and staff whose individual strengths, needs, and values are combined to form the home's own general character and personality.

Fundamental to the character and personality of a nursing home is its approach to providing service and care to the residents. Some homes are successful in meeting the residents' needs. Some fail. Some homes are able to create a working and living environment that significantly contributes to the quality of life for the residents as well as the staff. Other facilities must struggle to meet the minimum standards set by the State.

What are the factors that yield success for facilities committed to delivering quality service? Examination of nine exemplary facilities in Illinois revealed three general areas that, when thoroughly developed and strengthened, form a solid foundation for quality service delivery. A set of three manuals discussing and outlining techniques that have proven effective in upgrading service delivery in these facilities has been developed for the purpose of providing fresh and innovative ideas to homes that are struggling as well as those that have achieved excellence in service delivery.

Data for the manuals were collected from a careful examination of the nine facilities in addition to a thorough review of the research literature. Each manual was developed independently and focuses on a specific dimension of service delivery in the nursing home. Yet they are interconnected and can serve as a comprehensive package of information for delivering quality care to the residents in addition to improving the working environment for personnel. The manuals are available under the following titles:

Personnel Management in Nursing Homes
Quality Assurance in Nursing Homes
Care Planning Process in Nursing Homes

This manual, *Quality Assurance in Nursing Homes*, is intended to define in concrete and practical terms the meaning of quality assurance in the nursing home, describe the benefits of an effective quality assurance program, and provide guidelines to aid a facility in developing a quality assurance program appropriate to its own unique character and personality. Quality assurance will be examined from a systems perspective. This means that just as quality assurance has a direct effect upon everyone associated with the nursing home, everyone associated with the home has a direct effect upon quality assurance. This duality of people and quality assurance ultimately determines the quality of life for the facility's residents. It is to this end, improving the quality of life for nursing home residents, that this manual is directed.

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Introduction

Health care in nursing homes has traditionally followed the "medical model". Staffed with medical personnel in hospital-like buildings, facilities have tended to focus primarily on the medical needs of "patients". This manual proposes that facilities take a more holistic approach to resident care by developing and implementing quality assurance programs. This means that in addition to medical needs, the social, cognitive, and spiritual needs of the residents are also addressed. An effective quality assurance program can help nursing home personnel identify problems in meeting the needs of residents and provide an organized approach to resolving those problems. The outcome is an improved quality of life for the residents and, because quality of life issues have a direct effect on the families of residents, an effective quality assurance program also benefits families who can take comfort in knowing that the facility is delivering the best possible care to their loved ones.

The benefits of a successful quality assurance program are not limited to nursing home residents and their families. Working conditions for staff are enhanced by providing them with clearly defined expectations for job performance, by encouraging them to participate in decisions that affect their jobs, and by creating an atmosphere

of cooperation in accordance with the home's philosophy of care.

This manual has been designed to provide you, the nursing home employee, with information about quality assurance in nursing homes. A working definition of quality assurance will be developed, two types of quality assurance programs will be discussed, the benefits of a good quality assurance program will be assessed, and variables in the makeup of a facility that determine the selection of an appropriate quality assurance program will be suggested. As you read, consider quality assurance in your facility, and how your job contributes to quality assurance.

What is Quality Assurance?

Quality assurance in nursing homes is the set of procedures a facility uses to promote excellence in the provision of care.

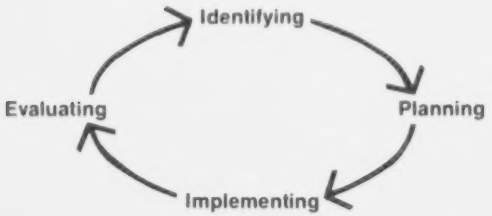
Quality refers to the specific performance standards or goals a facility sets as levels of achievement to be maintained.

Assurance refers to the process of guaranteeing that quality is achieved and maintained. Assurance procedures consist of these four steps:

1. *Identifying* needs and formulating goals for meeting needs and then *identifying* reasons for the difference between actual performance and desired quality performance.
2. *Planning* what needs to be done to bring performance up to quality standards.
3. *Implementing* changes that help bring performance up to quality levels.
4. *Evaluating* the extent to which the desired quality of performance is achieved.

Quality assurance procedures are ongoing and dynamic. This means that quality assurance is not a one-time or stop-and-start effort. It is a cyclical process that must be maintained to achieve the desired excellence in service.

The Quality Assurance Cycle



Quality assurance in nursing homes takes the form of systematic programs designed to *identify* problems in care delivery, formulate *plans* to correct the problems, *implement* the plans, and *evaluate* the outcome to determine if the plans were effective in eliminating the problems. An effective quality assurance program maintains the cyclical process described above.

To give the definition of quality assurance utility, the remainder of this manual is devoted to examining the impact of quality assurance by considering and answering the following questions:

- Does quality assurance mean quality care of residents?
- How does quality assurance affect administrators, supervisors, and staff?

- How does quality assurance create a positive community image of the nursing home?
- How does quality assurance benefit the families of residents?
- How can quality assurance improve the nursing home's physical environment?
- Is quality assurance cost effective?
- Is quality assurance attainable?

Does Quality Assurance Mean Quality Care?

The Quality of Life Mission

The first step in developing a successful quality assurance program is to identify the specific standards the facility desires to achieve. Research on organizational development and success has found a strong relationship between an organization's sense of purpose or mission and the quality of the organizational culture and the service it delivers. When goals are clearly interwoven and reinforced within all aspects of an organizational climate, employees naturally begin to internalize the value system of the mission and to function more smoothly as an integrated unit.

Mission goals of nursing homes are usually developed by the owner, administrator, and directors of the various departments. However, innovative facilities may want to ask all staff, volunteers, residents, and families to participate in offering their suggestions for mission goals. This way, a diversity of valuable ideas are obtained, and many

persons are uplifted as their self-worth is enhanced through the process.

A careful and thorough assessment of the characteristics, expectations and needs of the residents can help the facility develop a mission statement of quality of life standards which staff and residents can aim for and achieve. For example, nursing home residents typically have a wide range of medical, physical, psychological, emotional, cognitive and spiritual disabilities and needs. Their independence and social and environmental activities are limited as well. They are characteristically single, have no children living close by, and are poorer than the population in general. Taking the example further, from this description of resident characteristics, disabilities and needs combined with a basic ethical sense of human needs, several general quality of life standards for residents can be generated. It is important that residents:

- Feel a sense of well-being, self-worth, and self-esteem.
- Feel a sense of satisfaction with their care.
- Enjoy a medically sound and safe physical environment.
- Have the opportunity to have close and meaningful relationships with others.
- Are able to achieve desired goals and exercise choice.
- Enjoy a sense of privacy, dignity and reasonable control over life decisions.

This list, of course, is only partial. Many holistic quality of life standards for residents will be generated by each facility. Each facility will also reflect its own unique sense

of mission and philosophy of quality of life for its residents.

Nursing home mission clearly stated will be carried out by staff.

Translating the Quality of Life Mission

A facility that delivers excellent service to its residents is one that is able to *enthusiastically translate its sense of quality of life mission to its entire staff.* Ideals or goals of quality of life for residents are not static or contained merely within the pages of a notebook. Rather, they are *enthusiastically* conveyed to the staff and residents by the administrator and department heads. They are conveyed:

- In a positive, uplifting manner.
- On a day-by-day, ongoing basis.
- In a dynamic way that is continually open to change, input, and growth.

- In a trusting sense that staff will carry out their goals in a responsible way.

The quality of life goals or mission statement of a facility can be kept alive and fostered through creative ways of expressing them on an ongoing basis. Some ideas that have proven successful include enlivening the social climate of the facility by expressing the mission goals in:

- Memos to department heads concerning procedures.
  - —Describe how new procedures support the goals of the facility.
  - —Show how deleted procedures no longer support the goals.
- Staff meetings.
  - —The general foundation for discussions can be the home's mission goals.
  - —Show how problems detract from facility goals and ask for solutions that support them.
- Ways of showing appreciation.
  - —Send flowers or a plant to a department that is doing an outstanding job. Include a note describing how the work promotes the mission of the nursing home.
  - —When giving individual employees "pats on the back" tell them how their good work supports the home's mission.
- A general statement on facility stationery that summarizes the home's mission goals.
- Goals engraved on a plaque hung in the reception area.

- Statements of the mission goals given to all job applicants and to new personnel during orientation.
  - —Give job applicants a printed copy expressing goals.
  - —Verbally explain the goals during the first day of orientation.

In the nursing home, quality assurance means delivering quality care and service to the residents. Staff who understand, agree with, and appreciate the overall mission of their facility will be better able to work together cooperatively to provide the best possible care and service to the residents.

How Does Quality Assurance Affect Management and Staff?

In many long term care facilities, it is the administrator in conjunction with department supervisors who sets levels of expectations for all the different jobs that must be done if quality care is to be delivered to the residents. Administrators and supervisors are necessarily influenced by external regulatory agencies to set standards that are in harmony with laws that govern licensure and certification. Standards of care that go above and beyond those laws may be set by managers either in or outside the facility. In facilities where job expectations are set by someone outside the facility, such as board members or corporate executives, it is still the responsibility of the administrator and the supervisors to ensure that those expectations are being met. Meeting expectations in care delivery means that problems or potential problems must be quickly and accurately identified and resolved. Problem identification, assessment, and resolution are largely managerial tasks; however, all staff can participate in the problem solving process. A successful

quality assurance program encourages staff to speak up with new ideas and to become involved in solving problems that affect their own jobs as well as other departments in the facility. Administrators and supervisors benefit from the fresh insight and staff are given a sense of power and control over their jobs.

The grand objective of a quality assurance program is to eliminate problems in resident care. It is unrealistic to expect that *all* possible problems that can occur in a nursing home can be eliminated. However, a sound quality assurance program can significantly reduce the number and severity of the problems that inevitably arise so that excellence in care as defined by the facility is achieved and maintained.

Administrators and supervisors can help staff to do their best possible work by following these four guidelines:

1. Make job expectations clear to staff.
    - During orientation give each new employee a written and clearly defined job description that includes performance standards acceptable to the facility. (See Appendix A for a sample job description.)
    - Make clear to each employee the consequences of not meeting job performance standards.
    - Consequences should include, but not be limited to, disciplinary or termination issues.
    - Explain to each employee how his or her job contributes to quality care of the residents and how failure to meet facility standards not only results in poor quality care, but can also jeopardize the

employee's well-being.

- Give all employees access to copies of the various job descriptions throughout the facility with quality performance criteria.

2. Schedule regular meetings between staff and management.
   - Encourage employee input regarding problems and solutions or innovative ideas in care. Use their various perspectives and talents to gain fresh insight into care delivery.
   - Invite employees to role-play problems and solutions as a fun way of creating and developing new ideas. (See Appendix B for an example.)
   - Give verbal "trivia" quizzes on facility policies, standards, and procedures. Give a prize to the employee who answers the most questions correctly.
   - Record and post minutes from the meetings for all employees to read. (See Appendix C for an example.)
3. Give employees incentives for contributing to quality assurance.
   - Recognize good work with "pats on the back" and plenty of verbal thank-yous.
   - Put a suggestion box in the employees' lounge or other place where employees eat or take breaks and reward employees whose suggestions are implemented. (See Appendix D for examples of suggestions contributed by employees.) Suggested rewards include:
     —Small monetary rewards.
     —Time off from work with pay.

—Recognition by putting employee's picture and suggestion on a bulletin board in a prominent place in the facility.

- Celebrate successful evaluations by supervisors with parties or gifts such as new plants or flowers for the departments.

4. Schedule regular employee evaluations.
   - Schedule evaluations in addition to the evaluations done for the purpose of increasing wages to give employees feedback on how well they are performing their jobs. (See Appendix E for sample job evaluation.)
   - Evaluations should emphasize strong as well as weak points in job performance.
   - Leave space on the evaluation form for employees to respond.
   - Evaluations can be written by a team of supervisors so that no one supervisor must carry the responsiblity if negative comments must be made.
   - If evaluations are discussed between the administrator or the DON and the employee, give the written evaluation to the employee a day before the conference so that he or she will have time to think about and react to the evaluation.
   - Have an "employee of the month" election. Employees can vote using ballots that include space for why the employee is being nominated. Put winners' names on a bulletin board in a prominent place in the facility along with a list of the qualities from the ballots that make him or her an outstanding employee.

Quality assurance is a team effort.

Employees can significantly contribute to quality assurance in a facility if they are allowed to become an important and integral part of the facility's quality assurance program. Employees who have a clear understanding of what needs to be done and how to do it will be less at risk for making mistakes because of ignorance of job standards and procedures. Supervisors and administrators will benefit because they will need to spend less time disciplining employees who have created problems, and, with the additional input of the employees, less time trying to identify and solve problems. Also, when employees are allowed to contribute to decisions effecting their jobs, either verbally in meetings or by seeing their written suggestions implemented, the resulting sense of pride and ownership in the facility will promote an atmosphere of

teamwork and rapport among the employees making the facility a happier place to be for everyone.

Employees who feel that they are members of a team sharing the responsibilities of quality care delivery to the residents will naturally work together more cooperatively than employees who feel isolated in their jobs. A sense of teamwork and community within the facility can be fostered by administrators and supervisors who present themselves as members of the team *by their actions.* Managers who are perceived as "doers" by staff, i.e. as participating members of a team with a common objective, will help staff to achieve high quality job performance because:

- Staff are more comfortable interacting with managers with whom they have daily contact than with managers they see only occasionally.
- Staff feel that managers understand their jobs and can appreciate the difficulty and stress that accompanies their work.
- Staff are more inspired to work when they see their managers working.
- Staff can get to know managers on a more personal basis, making them more approachable when problems need to be discussed.

Encouraging staff to interact with managers can help involve staff in decision making and problem solving procedures. The following ideas may help to integrate management and staff into a comfortable, cooperative, and mutually respectful working relationship:

- Managers and staff can take coffee or lunch breaks together.

- Managers can keep an "open door policy" which means that they are always available to staff.
- Managers and staff can be encouraged to greet each other by name in and outside of the facility.
- Have at least one task that management and staff do together such as feeding residents or making beds.

These ideas can help to create an atmosphere of teamwork in the nursing home. Sharing activities and responsibilities with their managers can help to increase staff morale. Staff and residents alike will benefit from the happier and more home-like environment.

How Does Quality Assuarance Create a Positive Community Image?

By moving away from the medical model of nursing homes to a holistic-care plan model, the nursing home becomes more of a home to the people who live there and less like an institution in which they are housed. Because the residents of the facility are also citizens of the community in which it is located, quality of life issues analyzed from the perspectives of the residents must not fail to consider the relationship between the nursing home and the community.

How the facility is perceived by the community can have bearing on the residents' feelings of well-being, self-worth, and self-esteem. At some point before moving into the facility each resident was most likely to have been living independently in a community setting, freely interacting with the other members of that community. While it may not be realistic to expect that residents are able to remain as active in the community as they once were, it is possible to create and promote feelings of community membership by developing a positive and active

relationship between the community and the facility. This can help to alleviate the feelings of abandonment and isolation that residents report experiencing when they move from their own familiar homes to the new and often frightening facility environment. Developing an active relationship between the facility and the community means more than simply transporting the residents from the facility into the community. While this is indeed crucial to establishing good facility-community relations, it is also important that members of the community interact with the residents in the facility.

Nursing home is an integral part of the community.

To encourage citizens of the community to visit, the facility should present itself not as an isolated entity but as a vital and dynamic member of the larger community system. To achieve this image the facility must inform and educate the community about the residents who live

there, its philosophy of care, and the interesting programs that are being developed or implemented. In addition, the needs of the facility and how community people can contribute to and benefit from visiting the facility either casually or as participants in a formal volunteer program must be communicated. The following are suggestions for educating and informing the community about the nursing home:

- Link up the facility with the community social service network. Workers may be interested or know clients who are interested in volunteering services or donating material goods to the facility. Also, agencies may be willing to include information about the facility in their newsletters and bulletins.
- Look for someone in the facility who could give talks on aging, long term care, or other topics related to the facility.
- Publish articles in the local newspapers about the facility and what is happening there. (See Appendix F for topic ideas.)
- Advertise volunteer opportunities on grocery store bulletin boards or on flyers posted in churches or with other prominent community organizations.
- Develop an educational program with schools so that students can learn about the aging process by interacting with the residents in the facility, by telephone, through letters, or by visiting.
- Children can make valuable contributions to the facility's volunteer program and add a special dimension to the lives of the residents. Encourage

children to volunteer time and service to the home by sending someone from the facility to the schools to describe to the children what jobs they can do to help the residents and staff. Also, encourage the children to create their own ideas for volunteer service.

- Sponsor a local Retired Seniors Volunteer Program (RSVP) so that volunteers work out of the facility or have the facility serve as a volunteer station where RSVP members can volunteer.

There are many other ways a facility can create community interest; these are only a few suggestions. By taking a public relations approach the facility can actively and successfully recruit volunteers, educate the public about the aging process, promote a positive attitude toward the nursing home, and, most importantly, enhance the lives of the residents who have made the facility their home.

How Does Quality Assurance Benefit Families?

What responsibilities does a nursing home have to the families of residents? Although the primary commitment of care is to the resident, facilities that adopt the holistic-care plan model suggested in this manual will strive to create a facility environment in which families can feel comfortable expressing concern and loving support for their family members.

Families typically make the decision to institutionalize their relatives only after exhausting all other resources. Because families tend to have strong desires to maintain their relatives at home, the institutionalization process is often experienced as a crisis. Families are forced to confront the harsh realities of a loved one's illness, the pain of a separation that restructures the family, and the inevitable mortality of their relative and themselves.

At the height of this crisis the family admits their relative to a nursing home for care that they cannot give at home. Nursing home staff first encounter the new resi-

dent's family during this pivotal point in the family's life. At this critical time the needs of the family must be recognized and met so that their relative's transition into the home is made as easily and as smoothly as possible for everyone involved in the process. Staff can help the resident's family by providing them with:

- Kind and gentle emotional support.
  - —Recognize that the family is experiencing a crisis.
  - —Find out what expectations the family has of the facility and reassure them that reasonable expectations will be met.
  - —Remain aware that families often experience conflicting feelings about placing their relatives in nursing homes and their behavior may reflect the conflict.
- Respect for the care they have given their relative so far and the opportunity to remain involved in caring.
  - —Encourage families to visit the facility.
  - —Tell them about activities they can participate in such as helping to feed residents or other volunteer opportunities.
  - —Invite them to participate in the care planning process.
  - —Put their names on mailing lists for any newsletters or bulletins put out by the nursing home.

Families can be valuable contributors to the well-being of residents and the nursing home in general. On the other hand, if proper care and attention are not given

to families, they can become effective saboteurs of staff and resident morale. For example, management problems arise when there is conflict between residents and family members, and intervening staff may often wind up as convenient scapegoats. Family members may also experience considerable denial or guilt which can result in emotional over-reactions, rejections and distortions of the resident's behavior, illness, and/or reduced prospects for their relative's recovery.

Families are valuable contributors to the well-being of residents.

Family members can have unrealistic expectations of both resident and staff behavior that will lead to further conflict. If families do not understand the reasons for staff actions, or feel put off and without input, the resulting poor family-staff interaction will have unfortunate consequences for everyone, especially the residents.

Nursing homes that strive for excellence in holistic care can create quality assurance programs in the area of family care. The optimum quality assurance program for enhancing family crisis resolution and family/staff/resident integration is one that *actively recruits and serves the family as a client of the nursing home.* Policies that promote family well-being are also likely to have positive effects on residents and staff members alike.

Implementation of a quality assurance program that actively involves the families of residents as clients need not be viewed as a costly endeavor. Most aspects of a family quality assurance program are not costly, can actually increase staff efficiency, improve the community image, and promote resident/family satisfaction.

The first step in setting up a family quality assurance program is to carefully and thoroughly *identify the characteristics and needs of the families.* Characteristics and needs can be surveyed through:

- Observation
- Interviews with residents and their families
- Surveys or questionnaires
- Relevant books and articles

The second step is to *plan* policies and specific programs and procedures to meet family needs. Some examples of programs and procedures that actively involve families in resident care are:

- Family group counseling sessions which optimally include all members of the newly admitted resident's family. These sessions are usually conducted by trained social workers and are designed to allow families to express their feelings regard-

ing the placement of their relative in the nursing home. The sessions help both the resident and the family adjust more easily to the new situation and decrease conflict and guilt that can make the separation seem more extensive.

- Inclusion of the family in a comprehensive psychiatric assessment of the newly admitted resident. Inclusion of the family is essential for a complete understanding of the resident. This collaboration values family input and involves the family in important considerations of resident care. Collaboration can also help families to come to terms with unresolved issues and can lead to greater adaptation and emotional openness within the entire family.
- Community support groups for families engaged in decision making about the care of the frail elderly. Lead by nurses or social workers, these groups help families make difficult decisions, deal with anxiety and negative emotions, and cope effectively with their concerns. These groups can be purely supportive and/or educational and social, and can help families alleviate some of their feelings of isolation, guilt, grief, frustration, confusion, and helplessness. They can also train families in care skills, quality visitation skills, and in understanding the developmental issues of the aging process.
- Periodic written communication to families concerning the progress of their relatives to reduce anxiety, especially for families who are unable to

visit the facility on a regular basis. Personalized letters sent out two or three times a year keep families informed about and help them to feel involved in the lives of their relatives. (See Appendix G for an example of a letter to a family.)

Research indicates that most families need and welcome programs and classes that can increase their communication and visiting skills as well as their understanding of the aging process. Examples of specific educational program topics include:

- Organic brain disease
- Mood disturbances
- Mental and physical deterioration
- The process of aging and institutionalization
- Death and dying
- Alzheimer's disease
- Medication
- Activities and exercise

Scheduled activities for families are an important aspect of dynamic family involvement. Some suggestions for family activities are:

- Monthly coffee houses for family and staff.
- Resident/staff/family parties on holidays.
- Invite families to attend community outings for residents.
- Create a committee of family members to help design facility policies.
- Use surveys and questionnaires to solicit family suggestions and/or complaints concerning the nursing home.

The particular components of a family quality assurance program will, of course, differ according to the particular strengths and needs of each facility. Once those strengths and needs are *identified*, activities and programs can be designed and *implemented*. The final step in creating a family quality assurance program is *evaluating* the effectiveness of the activities and programs. Evaluative measures that may indicate the success of a program include:

- Decrease of staff/family/resident conflicts.
- Increase in family visits.
- Decrease in family complaints.
- Decrease in unrealistic expectations of families.
- Increase in family participation in facility events.
- Increase in special attention, affection, and supplemented services by families.

Implementing a family quality assurance program that aggressively recruits and serves the family as a client of the nursing home will increase the quality of family relationships and increase the quality of family/staff relations. Also, it is not costly to the facility, and will tap family resources to enrich the lives of the residents and the nursing home as a whole.

How Can Quality Assurance Improve the Nursing Home's Environment?

The delivery of quality care to nursing home residents begins with the identification of the residents' health and safety needs. Residents should feel secure in the facility as well as during trips into the community. State and federal laws governing the home's physical environment have been established to protect the safety of the residents and personnel in the facility. While these laws supply a sound foundation for safety, they do not take into account individual needs. The means of *identifying* these individual needs can be incorporated into the home's quality assurance program. Some suggested ways to *identify* individual safety needs are:

- Consult with residents and their families about safety issues. For example, if a resident is afraid of sleeping in a totally darkened room, make a note of his fear on the care plan and instruct the evening shift to turn on a night light at bedtime.
- Examine disruptive behavior to determine if the cause is rooted in fear. If, for example, a resident

The facility is a resident's home.

becomes combative while being fed, it may be due to a daily rotation in volunteers that does not allow the resident to recognize and establish a relationship with any one volunteer. Try to recruit volunteers who will work with the resident several days in succession so that a relationship can become established before the resident must be fed by someone unfamiliar to him.

- Form a volunteer resident safety council whose responsibilities include detecting potential safety problems in the home, for example, slick spots on waxed floors or paper in ashtrays. The council may enjoy publishing a newsletter on safety for the other residents and staff.
- Bring in guest speakers such as firemen or policemen to give presentations on safety issues. Encourage residents and staff to ask questions and generate discussions after the presentations.

Identifying and meeting the health and safety needs of residents and staff is crucial to quality service in nursing homes. An effective quality assurance program can take improvement of the facility's physical environment one step further by creating an environment that is not only safe and functional but also cheerful and home-like. Because the nursing home exists for the benefit of residents and staff alike, a sense of home and family can be created by allowing reasonable participation by residents and staff in decisions concerning facility decor and purchases made for the home, such as plants, fishtanks, or magazine subscriptions.

Some suggested ways to involve staff and residents in decisions concerning the facility's physical environment are:

- Form a resident decorating committee.
  - —They will be responsible for choosing new paint colors, placement of plants, pictures, posters, etc.
  - —Rotate members periodically so that everyone who wants to participate is able to.
- Display crafts made by residents and staff.
  - —Make a name card for each craft item so its maker is recognized.
  - —Ask if any of the makers are interested in giving a talk about their work: for example, residents and staff may enjoy hearing about how a quilt was made, the history of the pattern, etc.
- Devote a few minutes to staff meetings to inquire what would improve the environment for staff.

—Staff can vote for items to be bought for their benefit: for example, small appliances for the staff lounge.

—Reward implemented ideas for improvement with recognition such as telling about the ideas in the facility's newsletter or bulletin or displaying the person's picture on a wall along with a description of the idea.

Involving residents and staff in decisions concerning their nursing home promotes a sense of community within the facility, improves staff morale, makes residents feel "at home", and promotes a sense of ownership and control for everyone. Improving the facility's physical environment in small ways can improve the quality of life for the residents who have made the facility their home, especially when they are allowed to take part in decisions concerning their home.

Is Quality Assurance Cost Effective?

The quality of care can suffer significantly when nursing homes are forced to reduce the costs of service delivery. Deciding how and where to make budget decreases is an administrative task that will ultimately affect everyone in the facility. Budgetary decisions can be more easily made when there is a clear relationship between the facility's standards for excellence in care delivery and the costs associated with meeting those standards. Maximizing quality of service while minimizing the cost of service delivery is the goal of an efficient and effective budget.

To achieve an efficient and effective budget, administration needs some way of describing the relationship between cost and quality. As spending is reduced in the various departments, how is quality of service affected? Some suggestions for assessing the quality-cost relationship are:

- Examine resident make-up and variation in needs.
  —Can needs be met with fewer staff on certain

shifts?

—Which tasks require higher skill levels and which can be performed by employees with less experience or training? For example, how will quality be affected if an aide performs a task currently being done by an LPN?

Volunteers are valuable resources.

- Consider the facility's hiring practices.
  - —How is quality affected by hiring inexperienced employees at lower wages and providing inhouse training?
  - —Would there be advantages to raising wage rates for nurses in order to compete for the best nurses and reduce the possibility of high turnover?
  - —Are there common characteristics to employees who have worked in the facility for the longest periods of time? Perhaps these are characteristics to look for in new employees that will reduce staff turnover.

- Assess your volunteer pool.
  - —Does the community include many retired persons who might enjoy giving time to the nursing home and who are able to perform tasks currently being done by paid staff?
  - —Set up an incentive program for employees to recruit volunteers.
  - —Are there merchants in the community who may be willing to provide services or goods in exchange for publicity?
- Examine buying practices.
  - —Are there other facilities or institutions with which to join or form a cooperative buying group for bulk items?
  - —What would be the cost advantages to buying fresh food in season as opposed to canned?
- Assess staffing patterns for efficiency.
  - —Weekends are primary visiting times for families who may have questions, concerns, or information about their relatives that cannot be answered by weekend staff. Would there be an advantage to having department heads available on weekends so that Mondays are not spent fielding telephone calls from family members?

The difficulty in making quality-cost tradeoff decisions is that while service costs are clearly defined and measurable, quality service is usually not. *Defining* achievable standards of excellence is, then, the first step in making cost-related decisions. *Planning* the means of achieving the standards is the second step. Maintaining the cost of the means within the predetermined cost pa-

rameters (implementation of the plan) is the task of the third step. Finally, an *evaluation* of the quality of service delivery in terms of cost must be done each time changes in staffing, procedures, or buying practices are made. From this cyclical pattern of *defining, planning, implementing,* and *evaluating,* quality-cost relationships will emerge so that quality service becomes measurable in terms of cost and cost becomes a direct function of the facility's performance standards.

Is Quality Assurance Attainable?

Quality assurance can be achieved in different ways depending upon the needs, the philosopy and the perspective of the facility. Quality assurance can be achieved by a tightly structured program that uses checklists and heavy documentation procedures to measure the care being given and to make sure that staff members are meeting the expectations of the home. Quality assurance can also be achieved by a more informal program that relies on visual inspections by managers such as the administrator or the director of nursing. This type of program emphasizes vocal communication between management and staff to ensure that the care being delivered meets the facility's standards.

Although nursing home quality assurance programs can be very different, they share the common goal of providing quality care to the residents. Other properties of quality assurance that underlie all nursing home quality assurance programs are:

- Quality assurance is a process designed by the

facility's management to guarantee that each individual resident is receiving quality care.

- The quality assurance process is ongoing. This means that an effective quality assurance program is not a stop-and-start or a one-time effort. A good quality assurance program is one that is being implemented at all times by all staff members.
- Quality assurance is closely tied to the facility's philosophy of providing quality care. Each facility has an idea of what constitutes quality care. Job standards are set and staff are expected to maintain them.
- Quality assurance is an important part of the field of long term care and the field has certain ideas of what quality assurance should be like. Many of these ideas are the result of federal and state regulations for long term care facilities. These governmental regulations are generally considered to set the minimal standards for acceptable levels of care. Regulations govern many areas affecting quality of care including the facility's physical plant, the number and type of personnel, and infection control policies.
- Facilities can build upon the governmental regulations by raising expectations of what constitutes quality care above and beyond the minimal standards. This results in a facility's definition of quality assurance and definitions can vary widely from facility to facility.

- Quality assurance is continuity of care that cuts across all departments, meaning that everyone in the facility is responsible for the care of the residents. Housekeepers, the DON, the top administrator, nursing assistants, dietary aides, maintenance personnel, nurses, and anyone else employed by the home all contribute in some way to care of the residents and, therefore, contribute to quality assurance. Think about your job and how it contributes to care of the residents. How does it contribute to quality assurance in your facility?
- Quality assurance includes interaction among families, residents and staff. Quality assurance is more likely to be achieved when there is comfortable and open communication outside as well as inside the facility. Do you talk with family members as a part of your job? How does talking with families help you to help the residents? How does this contribute to your ideas about quality assurance?
- Quality assurance is a way of *identifying* and *solving* problems. What problems come up in your job and how are they solved? The problem solving methods of your facility are a very important part of your quality assurance program.

Quality Assurance Programs

A quality assurance program in a nursing home is the means the facility uses to make sure that the residents are being taken care of in a manner that meets the stan-

dards of the facility. The facility's quality assurance program is its system of *identifying* problems in the delivery of care, formulating *plans* to correct the problems, *implementing* the plans, and *evaluating* the outcome to determine if the plans were effective in eliminating or alleviating the problems.

There are two broad categories of quality assurance programs, formal and informal, distinguished by the type and amount of documentation involved. The two types of programs will be discussed and the variables a facility will want to consider in choosing the program most appropriate to its needs will be suggested.

Formal Quality Assurance Programs

Formal programs apply systematic procedures to measure the quality of care being delivered and require specific documentation as evidence that standards of care are being met. These procedures along with the necessary documentation are used by designated facility surveyors who are directly employed by the home or by the corporation if the home is corporate owned. Surveys are conducted at regular time intervals and may be as frequent as once per month or as infrequent as once per year. A single survey can last anywhere from one day to three months depending upon its structure and purpose.

Although there can be a large degree of variation in quality assurance programs categorized as formal, all formal programs have some common characteristics. All depend upon checklists that determine what the surveyor is to look for or measure and how to do it.

Checklists consist of questions about the facility that the surveyor answers by marking the appropriate response on the checklist itself or by writing out an answer to the question. Here are some examples of questions that may appear on a checklist:

- Are bedrails up for all bedfast residents?
- Are all call buttons within reach of bedfast residents?
- How many non-bedfast residents are dressed in nightwear?

Quality assurance can be attained.

In addition to checklists, formal quality assurance programs use some sort of rating system to score or measure the facility's delivery of care by assigning values to questions that appear on the checklist. Nursing homes must then score a certain numbers of points to pass the inspection.

Formal quality assurance programs usually require the surveyors to document problems encountered in the facility and to make suggestions or help set up procedures for correcting the problems. Some formal programs also require documentation of outstanding features of a facility. Copies of the completed checklists and any additional documentation is distributed to the home's management personnel so that the necessary improvements can be made and outstanding work recognized.

There is quite a bit of paperwork involved in formal quality assurance programs! To increase efficiency and reduce complications in the survey process, developers of the checklists should strive to cover all measureable aspects of nursing home services in as few questions as possible and with the simplest scoring or rating system appropriate to the questions. The very simplest checklist would be a series of questions all answerable either "yes" or "no". Questions answered "yes" would receive a score of 1 and questions answered "no" would receive a score of 0. Facility management would then decide how many "points" a home must score to pass inspection.

Formal quality assurance programs may sound like a lot of work, but there are advantages to having a formal program. Well-constructed checklists make facility standards clear and deficiencies as well as strengths can be objectively measured by surveyors. Employees in each department know exactly what they must accomplish to pass inspection and are made aware of areas where they fall short of the standards. Plans of correction will be formulated and implemented within a specified period of time and the next inspection will determine if the plans

were effective in eliminating the identified problems from the previous inspection. The next inspection will most likely reveal new problems and the formal process will begin again. This demonstrates how quality assurance is an ongoing and never-ending process in nursing homes committed to providing the best possible care.

Informal Quality Assurance Programs

Informal quality assurance programs are much less structured than formal programs. Informal programs rely more upon subjective problem identification and open communication between management and staff as means of problem solving than upon written checklists, measuring and scoring techniques, and documentation.

Problems may be identified by the administrator as he or she makes daily rounds. The administrator will then call the problem to the attention of the appropriate supervisor and a solution will be sought on the spot, if possible, or at an arranged meeting of persons likely to be able to provide a solution, if not. Problem identification is not limited to the administrator or only to staff in management positions, however. All staff are encouraged to speak up if they notice problems or potential problems, and innovative ideas in service are encouraged and discussed. It is by means of verbal communication that facility standards are made known to employees, problems are identified, plans of correction are formulated and implemented, and effectiveness of the plans evaluated.

One advantage of an informal quality assurance program is that employees have the opportunity to contribute

to procedures in the facility thus developing feelings of pride and ownership in the home. A sense of pride and ownership will be reflected by more conscientious work habits which will benefit the residents as well as the employees. Another advantage of informal programs is that the different perspectives of the employees can provide fresh ideas in approaches to care that can lead to greater effectiveness and efficiency in service as well as being cost beneficial to the facility.

To illustrate how the two different types of quality assurance programs can be used to solve a common problem in nursing homes, an example of a problem will be presented and solved using formal and informal quality assurance methods. The approaches are different, but the objectives of both types of programs are to:

1. *Identify* the problem.
2. Formulate a *plan* to correct the problem.
3. *Implement* the plan.
4. *Evaluate* the plan for effectiveness in solving the problem.

Nursing Home #1: Problem Solving by Formal Methods

Once per month an aide from each of the facility's three floors is given the survey checklist used by the home's owner corporation to make annual inspections of its facilities. The aides switch floors and spend a day inspecting the floor just as the corporate inspectors would. This procedure for quality assurance teaches the aides facility standards of excellence and is instrumental in identifying and solving problems on a regular basis.

The aide assigned to survey the third floor records on her checklist that three residents are lying in wet beds at 3:20 p.m., just after the shift change. According to standards set by the cooperation, all wet beds are to be changed by the respective employees at the end of their shift so that the new shift does not have to begin by changing wet beds. The surveying aide documents that three residents are lying in wet beds near the shift change. At the end of her inspection, she tallies the score according to instructions on the checklist. Because of the three wet beds, the floor does not score enough points to pass the inspection.

The checklists and additional documentation is presented to the DON by the aides the next morning. The DON meets with the charge nurse from the third floor to discuss the problem of the wet beds. The charge nurse is unaware of the problem so she schedules a meeting with the aides from the day shift to look for a cause and solution. The aides complain that because they are busy giving baths near the end of their shift, they are unable to complete other tasks, which include changing wet beds before the next shift arrives. So the problem *identified* by the survey as wet beds is caused by too much work to be done by too few aides in too little time.

The charge nurse consults with the DON and they decide to try an earlier bath schedule so that the aides do not have so many tasks to complete near the end of their shift. Documentation of the *plan* is made and sent to the corporate office along with the original surveys used by the three aides. The new *plan* will be *implemented*

for one month and then *evaluated* for effectiveness during the next survey.

The next month's third floor survey does not reveal any wet beds at times near the shift change so the plan of rescheduling the baths is determined to be successful and is continued as a quality assurance measure. The success of the plan is documented and sent to the corporate office along with the new surveys. The new bath schedule becomes a policy of the facility and is implemented by the other two floors as a routine procedure.

Nursing Home #2: Problem Solving by Informal Methods

In this nursing home, the administrator and the DON make daily rounds to monitor and evaluate care and to determine if all is going well. One afternoon around 3:20 they notice that three residents are lying in wet beds. Standards in this facility demand that all wet beds be changed near the end of each shift so that residents are not left lying in wet beds until aides from the next shift are able to change them.

The DON responds to the problem by asking an aide to change the beds immediately. She also makes a note to bring the incident up at the next staff meeting. Monthly meetings are held by the administrator for all department heads and for any other staff who may wish to attend. The purpose of these meetings is to inquire about problems or potential problems that anyone may be having and to develop ideas to solve or ward off those problems.

At the next monthly meeting the DON mentions the problem of residents lying in wet beds. An aide from the

3-11 shift remarks that wet beds are being left by the 7-3 shift who leave without completing duties which include changing all the wet beds.

The administrator prompts a discussion on what could be causing the occurrence of uncompleted work on the day shift. It is agreed that the evening shift has certain responsibilities that are being delayed because they must begin their shift by changing beds left unchanged by the day shift.

Through discussion, it is decided that the aides are having trouble completing their assigned tasks because they are busy giving baths near the end of the day shift. The problem is *identified* as too much work to be completed by too few aides in too little time.

The administrator asks for suggestions to eliminate the problem. An aide from the day shift suggests rescheduling the baths to an earlier time in the shift so that there is not so much to do at the end of the shift. The other aides in attendance agree that the *plan* sounds like an effective solution to the problem so the administrator asks the DON to reschedule baths in a way that is comfortable for the residents and efficient for the day shift. Staff vote to *implement* the plan for two weeks and then determine if the rescheduling of tasks helped the aides to complete their work by the end of the day shift.

During the two week trial period neither the administrator nor the DON notice any wet beds as they make their daily rounds. Residents are no longer complaining about wet beds, and there seems to be less tension during shift changes. At the end of the two weeks the administrator and the DON call a staff meeting to *evaluate* the

plan. Feedback from the aides suggest that they are satisfied with the new bath schedule and desire to maintain it. Everyone agrees that the plan has been effective in solving the problem of too much work to be completed in too little time by too few aides.

Comparisons of Formal and Informal Programs

QA Procedure	Formal QA Program	Informal QA Program
Problem identified	using surjvey checklist	through observation
Plan formulated	by management	by staff & management
Plan implemented	by staff	by staff
Plan evaluated	using survey checklist	through discussion

Formal QA Program Features	Informal QA Program Features
Service delivery monitored by surveyors using preprinted forms or checklists that quantify goal achievement or failure.	Service delivery monitored by subjective observation of management.
Plans for improving care delivery developed by managers.	Plans for improve care delivery developed by managers in conjunction with staff.
Relies upon objective measurement of data to determine effectiveness of implemented plans.	Relies upon verbal communication between staff and management to determine effectiveness of implemented plans.
Helps large facilities integrate employees of varying backgrounds and values and who have little contact with one another.	Helps maintain casual and family-like atmosphere in small facilities in which most of the employees have daily contact with one another.
In-services usually scheduled and formally presented by department heads.	In-services frequently presented on the spot by the managers who detect the problems.

The formal and the informal quality assurance program techniques in the above examples resulted in the same outcomes—a better quality of life for residents who were no longer left lying in wet beds and more efficient working procedures for staff. These are two goals that should be a part of the quality assurance program the facility chooses to adopt or develop.

How to Develop a Quality Assurance Program

The first step in developing a quality assurance program that will be effective for your facility is to analyze the variables that make your facility unique. Some questions to be considered in the analysis:

1. How large is your facility in terms of staff and how are they alike and different?
   - Is it small enough that management and staff have daily contact and problems can be discussed on the spot in a casual manner or is it so large that scheduled in-services are more effective for training staff?
   - Are most of the employees recruited from the same area such that they have similar backgrounds and are familiar with the community? A small facility in which staff have similar backgrounds and values lends itself to easier communication than a large facility with staff of various backgrounds and value systems.
2. How large is your facility in terms of residents and how are they alike and different?
   - Do you have many residents with widely differing

medical and social disabilities requiring a diversity of staff skills or are you a small facility with residents requiring similar care so that your staff is interchangeable and each employee can work with any resident?

- Are your residents from the same general area such that they have similar backgrounds and values and communicate easily with one another or are your residents from many different geographical locations, of widely varying economic status, and with obviously different value systems?

3. What is the geographical location of the facility like?
   - Are you located in a rural community where the pace is relaxed or is your facility in a busy urban area?
   - Is your location such that community members have easy access to your facility or must they travel several miles to get there?
   - How easy or difficult is it to transport residents outside the facility and into the community?
4. How will your choice of a quality assurance program affect staff morale?
   - Will a tightly structured program using strict measuring techniques create unrest and feelings of competition among employees?
   - Will a casual, loosely structured program result in staff not demanding as much of themselves as is required to achieve quality work?

Having answered these and other questions appropriate to your facility you can decide whether a formal or

an informal program will work best in your home to achieve your standards of quality care. After deciding on the type of program, the next step in its development is to determine what aspects of care will be monitored and how. Forms and/or checklists will be needed for formal programs and clear ideas of what to look for will need to be developed for informal programs.

Ways to translate facility standards into concrete and understandable working procedures for staff must be agreed upon by managers so that staff have a clear idea of what is expected of them and how to meet the expectations. Explain to staff what is being monitored, how it is being monitored, and why, so that they have an understanding of how the quality assurance program works in relation to their own jobs.

When service delivery does not meet facility standards of excellence, correction procedures must be planned and implemented as quickly as possible. Determine general approaches to correction as a part of your quality assurance program, such as on the spot in-services when appropriate.

After deciding upon a formal or an informal program, developing monitoring tools and techniques, educating staff about the program and how it affects their jobs, and determining general approaches to problem correction, the final step in setting up a quality assurance program is to design evaluative methods for determining the success or failure of your program.

As you develop your own quality assurance program or if you decide to purchase a quality assurance package,

you will want to keep in mind that a successful quality assurance program will:

- Promote ongoing quality care of residents.
- Aid administrators, supervisors, and staff in identifying and solving problems.
- Create a positive image of the facility as a home rather than an institution.
- Reassure families that their relatives are being given the opportunity for a good quality of life.
- Encourage members of the community to volunteer time and services to the facility as well as involve residents in activities outside the facility.
- Promote a clean and safe physical environment.
- Be cost efficient and effective.
- Be compatible with the facility's mission statement.
- Promote holistic care of the residents which includes issues of self-esteem, self-respect, and independence.

Is quality assurance attainable?
yes!!!

Appendix A

Sample Job Description

Nurse's Aide 7:00AM - 3:30PM

Qualifications

Education: A minimum of a grammar school education with a high school education or equivalent preferred. Certificate from Certified Nurse's Aide Training program preferred.

Training and Experience: Previous experience with elderly preferable.

Job Knowledge: Knowledge of procedures and techniques involved in administering simple treatments and providing related bedside care to residents. Must be familiar with the location of the various departments of the home. Understanding of standard techniques used in providing personal services for residents and in caring for equipment and supplies. Must understand the basis of good sanitation and sterile techniques to avoid infection or spread of contagious illnesses.

Working Environment: Work indoors in well-lighted and ventilated areas. May be exposed to communicable diseases. Possibility of strains due to moving residents.

Performance Requirements

Responsibility: Handling and caring for residents to ensure their safety and comfort. Adhering to instructions issued by nurse. Performing duties in accordance with the methods and techniques which conform to the home's standards of quality. Providing maximum resident-care service as directed. Maintaining good housekeeping standards within assigned duty areas.

Physical Demands: Good physical and mental health. Constant standing and walking during work periods. Turning, stooping, bending, stretching, and lifting to assist residents, make beds, move equipment, and perform other related tasks. Finger and hand dexterity to handle delicate instruments and other equipment. Visual and hearing acuity to detect changes in resident's condition.

Special Demands: Must have a genuine interest in geriatric nursing. Willingness to work with the realization that errors may have serious consequences for residents. Patience and tact in dealing with residents, their families and visitors. Some initiative and judgment in recognizing symptoms indicating a resident's adverse reactions to treatments. Willingness to perform a variety of simple repetitive tasks, many of which involve unpleasant conditions.

Job Duties

1. Set up clean and dirty linen carts daily.
2. Review your assignment of residents and their plan of care, including your cleaning assignment, break assignment, and any special instructions.
3. Receive report from the staff nurse about your residents, such as:
   a) anything that is different or special you need to do for resident.
   b) any new admissions
   c) any job assignments not included in the written assignment.
4. Make rounds to check all assigned residents. Be sure residents are prepared for breakfast. Face and hands are to be washed. Oral hygiene is done, toileting or diaper change is completed, and residents are set up for breakfast in bed, chair or dining room.
5. Pass breakfast trays, seeing that each resident receives proper diet and that the meal is hot. Set up tray for eating, butter bread, open milk carton, etc. according to resident's needs. Note how much each resident eats for documentation on patient care record and advise nurse of any decreased intake.
6. Trays of residents requiring spoon feeding or partial assistance with actual feeding shall be served last.
7. Collect all meal trays and place on diet carts. Clean overbed tables. Position residents according to turning schedule as needed and document on the turning schedule as you complete each turn.
8. Give bed baths and showers as assigned daily including shampoos and nail care. Record care done in the patient care record. Report to the nurse any bruises, cuts, scratches, rashes, or any change in the resident's skin condition.
9. See that all residents are properly dressed and hair is combed neatly. Give priority to residents going into therapy. Apply urinary leg bags as ordered, use medical aseptic technique, cover large drainage bag tubing with a fresh sterile catheter cap and empty the bag of urine.
10. Complete room, make beds, and see that clothing is put away and table tops and dressers are clean. Put personal soiled clothes in dirty linen cart and throw it in laundry chute by 11AM.

11. Place soiled diapers in plastic bags, close by knotting and discard in garbage chute.
12. Incontinent residents are to be checked every two hours and changed as needed. Assist continent residents in toileting as needed.
13. Check and toilet residents on bladder training at 8am, 10am, noon, and 2 pm or according to the individual's care schedule. Document on the training schedule and the I&O sheet.
14. See that position of bedfast residents, those with restraints, and those at high risk of pressure sores is changed every two hours or more. Document turning schedules as each turn is completed.
15. Report any unusual symptoms to charge nurse such as pain, fever, body rash, personality change, or any change in the resident's condition whether physical, emotional or psychological.
16. Pass fresh water to all residents able to take fluids by mouth. Assist and encourage residents to drink fluids frequently unless otherwise ordered.
17. Pass morning and afternoon nourishments as assigned.
18. Prepare residents for lunch. See that residents going to dining room are taken on time. Repeat procedure as for breakfast.
19. Assist residents out of dining room after meal. See that they are clean, neat, and comfortable. Assist those who require a nap to bed.
20. Any units of discharged residents are to be cleaned by housekeeping and the bed made with fresh linens by the nurses aide assigned to that room. Pack belongings as instructed by the charge nurse.
21. Assist in ambulating residents as requested by the Rehab Department or charge nurse. Do ROM and ADL on residents assigned to you according to sheets and as requested, and complete documentation.
22. Answer call lights promptly and courteously whether or not it is your assigned resident. Answer call lights for other staff when they are on break. They will do the same for you. Keep the call light within the resident's reach.
23. Assist with admissions, including settling the resident in the room and completing vital signs and the clothing list.

24. Complete documentation on I&O, B&B, V.S., Patient Care Record, and any other forms required.
25. Be sure safety restraints are on where needed. All restraints must be released at least every 2 hours and the resident repositioned and/or ROM done as appropriate for the type of restraint used.
26. Make last rounds by 2pm, changing diapers, toileting and turning residents as needed.
27. Clean off your linen carts and put them at the linen room for next shift.
28. Report to the charge nurses on the resident's condition and whether or not your assigned work was completed by 2:45pm.

I, _____, have read the above job description and fully understand the conditions set forth therein, and if employed as a Nurse's Aide, I will perform these duties to the best of my knowledge and ability.

Date _____ Signature _____

*Adapted from forms used at Lake Bluff Health Care Center and Arthur Home.

Appendix B

Role-playing as a Problem Solving Method

At staff meetings, select employees from various departments to role-play the parts of residents and staff to find creative solutions to problems in the facility.

Example

The nursing home is having a problem with Mrs. Evans, an 88 year old blind resident who complains of hunger even after meals. She complains by yelling very loudly. The only solution to the problem so far has been to wheel her into her private room so that the other residents and staff are not disturbed by the noise.

A dietary aide is selected to play the part of Mrs. Evans. He sits in a wheelchair and yells that he is hungry, just as he has heard Mrs. Evans do. A nurse's aide is selected to try to solve the problem as the other staff members watch.

First, the aide tries to reason with Mrs. Evans. She tells the resident that she cannot possibly be hungry since she has just completed dinner and even left food on her plate. Mrs. Evans continues to yell. The aide decides to wheel Mrs. Evans from the hallway where she is parked in her chair to her room. Mrs. Evans yells even louder when the aide tells her she is taking her to her room. The aide decides to wheel Mrs. Evans to a location near the nurses' station. She tells Mrs. Evans that she must be quiet so that the nurses' important work is not disturbed. The dietary aide playing Mrs. Evans pretends to be curious about what the nurses at the desk are saying so he (she) stops yelling in order to listen.

The staff watching the "play" decide to try parking Mrs. Evans near the desk during the day to see if she will be so interested in listening to the nurses' activity that she will no longer cause a disturbance by yelling.

The solution is tried for several days. The nurses and aides working at the desk pay some extra attention to Mrs. Evans as they work by saying hello as they pass by and complimenting her on her appearance. Mrs. Evans, who was a very lonely and unhappy resident, enjoys listening to the activity she cannot see and the companionship of the nurses and aides as they work. She no longer complains or yells and the problem is solved.

Appendix C

Sample Minutes from a Staff Meeting

Minutes: Utilization Review Meeting 6-15-87

Present: Shirley Campbell (Administrator), Dr. Philip Ramsey (Medical Director), Deborah Parsons (DON), Jerry Thorsen (SSD), Carol Simon (Activity Dir.), Maude Butler (Dietary Supervisor), Rick Baxter (Maintenance Supervisor)
Recording secretary: Deborah Parsons
Starting time: 10:00 AM
Ending time: 11:30 AM

I. Announcements
- –Next scheduled meeting: 10-14-87, 10:00-11:30.
- –Welcome to Carol, our new activity director!
- –Census: 123 residents (Medicaid-52, Private-71)

II. Old Business

A. Decubitus Ulcers:
- –At last meeting (2-13-87) there were 5 cases.
- –As of date (6-15-87) there are 3 cases.
- –What has been done: An inservice was held two months ago by the DON for all aides. Discussion was held on the conditions surronding decubitus ulcers and a new rotation schedule was presented. The new schedule was implemented by the aides on all three shifts. A follow-up inservice was held one week later to discuss how the new program was working.
- –What will be done: Due to positive feedback from the aides using the schedule and the decrease in decubitus cases, the program will continue to be used.

III. New Business

A. Medication Combinations:
- –Dr. Ramsey gave a presentation on medication combinations which can be harmful to residents with certain diagnoses.
- –As of yet there have been no incidents of conflicting combinations in the facility; we would like to maintain our awareness.

B. Resident Involvement in Care Plan Meeting:
- –Jerry (SSD) presented a questionnaire he designed to be completed by residents on attending their own care plan meeting.
- –After reviewing the questionnaire, staff present voted on whether the survey should be distributed. Voting resulted in: 6 Yes, 1 No.
- –Jerry will make arrangements to distribute the questionnaire.

Meeting Adjourned

Appendix D

Examples of Suggestions from the Employees' Suggestion Box

- Put non-skid mats or appliques in residents' bathtubs.
- Use linen tablecloths instead of plastic for holiday or special meals.
- Have reserved employee parking.
- Give employees their birthdays off as paid holidays.
- Install a juice machine in the employees' lounge.
- Replace artificial plants with live plants.
- Have an employee "best attendance" award periodically.
- Replace harsh soap in dispensers with a milder soap.

Appendix E

Sample Job Evaluation of Nurse's Aide

	Almost Always	Usually	Adequate	Seldom	Never
Appearance and Conduct					
–uniform neat and clean, dresses neatly, good body hygiene	☐	☐	☐	☐	☐
–cooperates with peers	☐	☐	☐	☐	☐
–cooperates with supervisors	☐	☐	☐	☐	☐
–accepts corrections and is willing to improve	☐	☐	☐	☐	☐
–completes assigned tasks	☐	☐	☐	☐	☐
–enthusiastic toward resident care	☐	☐	☐	☐	☐
–respects resident's privacy	☐	☐	☐	☐	☐
–interacts appropriately with residents' significant others	☐	☐	☐	☐	☐
Dependability					
–reports to work on time	☐	☐	☐	☐	☐
–reports to work per schedule	☐	☐	☐	☐	☐
–assignments are followed through on a timely basis	☐	☐	☐	☐	☐
Quality of Care					
–resident rooms and work areas kept clean and neat	☐	☐	☐	☐	☐
–attends to residents' needs (feeding & elimination)	☐	☐	☐	☐	☐
–grooms residents appropriately (teeth brushed, shaved, hands and face washed and clean)	☐	☐	☐	☐	☐
–interacts in a polite way with the residents	☐	☐	☐	☐	☐
Safety					
–safely handles equipment used (wheelchairs locked during transfer, restraints on, etc.)	☐	☐	☐	☐	☐
–consistently uses infection control (hand washing, linen care, etc.)	☐	☐	☐	☐	☐

	Almost Always	Usually	Adequate	Seldom	Never
–keeps cabinets and doors locked (snackroom, storage, supplies, etc.)	☐	☐	☐	☐	☐
–corrects or reports unsafe conditions	☐	☐	☐	☐	☐
Documentation and Execution					
–records daily charting	☐	☐	☐	☐	☐
–carries out programs per care plan objectives	☐	☐	☐	☐	☐
Other Items					
–attends staff meetings and in-services regularly	☐	☐	☐	☐	☐
–ability to establish working relationship with fellow employees and residents' significant others	☐	☐	☐	☐	☐

Overall Evaluation

_____ Outstanding
_____ Very Good
_____ Satisfactory
_____ Needs Improvement
_____ Unsatisfactory

Comments

Comment on employee's major strengths, developments achieved since the last appraisal.

If overall evaluation is "Needs Improvement" or "Unsatisfactory," list steps employee is to undertake to continue employment.

Employee's comments on appraisal:

Prepared by (supervisor's signature) _____

Approved by (Administrator or DON) _____

This appraisal was discussed with me

(employee's signature) _____ Date _____

Appendix F

Sample Newspaper Article Topics

- Announcements of residents' birthdays
- "Someone You Should Know" articles about residents
- Upcoming craft shows presented by staff and residents
- Awards to outstanding staff members
- Resident-family activities or programs
- Talks given by residents
- Fund-raisers for the nursing home
- "Why I Love My Grandparents" writing contest for children
- A person from the community spends a day as a resident and reports on the experience
- Publish residents' poetry or short stories

Appendix G

Example of a Letter to Family Members

Dear _____

One of the most important goals of our nursing home is to strive to create a facility environment in which families can feel comfortable expressing concern and loving support for family members.

As family members, you can be valuable contributors to the well-being of your loved one, and to the facility in general. On the following page, please indicate the ways you would like to be involved. You will be notified of the dates and times of the events and programs in which you are interested.

Thank you for your involvement. We look forward to serving you in policies and programs that enrich the quality of family relationships, the lives of the residents, and the nursing home as a whole.

Sincerely,

Family of (resident's name) _____ Date _____

Family of (resident's name) _____ Date _____

Please place a check beside the activities in which you are interested in participating:

Resident Care Plans

- ☐ I would like to be notified of **every** care plan meeting involving my relative so that I may attend.
- ☐ I would like to be notified **periodically** of care plan meetings involving my relative so that I may attend.
- ☐ I would like to be notified only of major problems or concerns regarding my relative.
- ☐ I would like to be notified only in case of emergencies regarding my relative.

Family Programs

- ☐ I am interested in attending a community support group to help family members make difficult decisions and to cope effectively with their concerns.
- ☐ I am interested in attending workshops that can enrich communication and visiting skills with my relative as well as help in understanding the aging process.

I am interested in attending the following family activities:

- ☐ monthly coffee houses with staff and other families
- ☐ resident/staff/family holiday parties
- ☐ community outings for residents and families
- ☐ family committees on facility policies

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